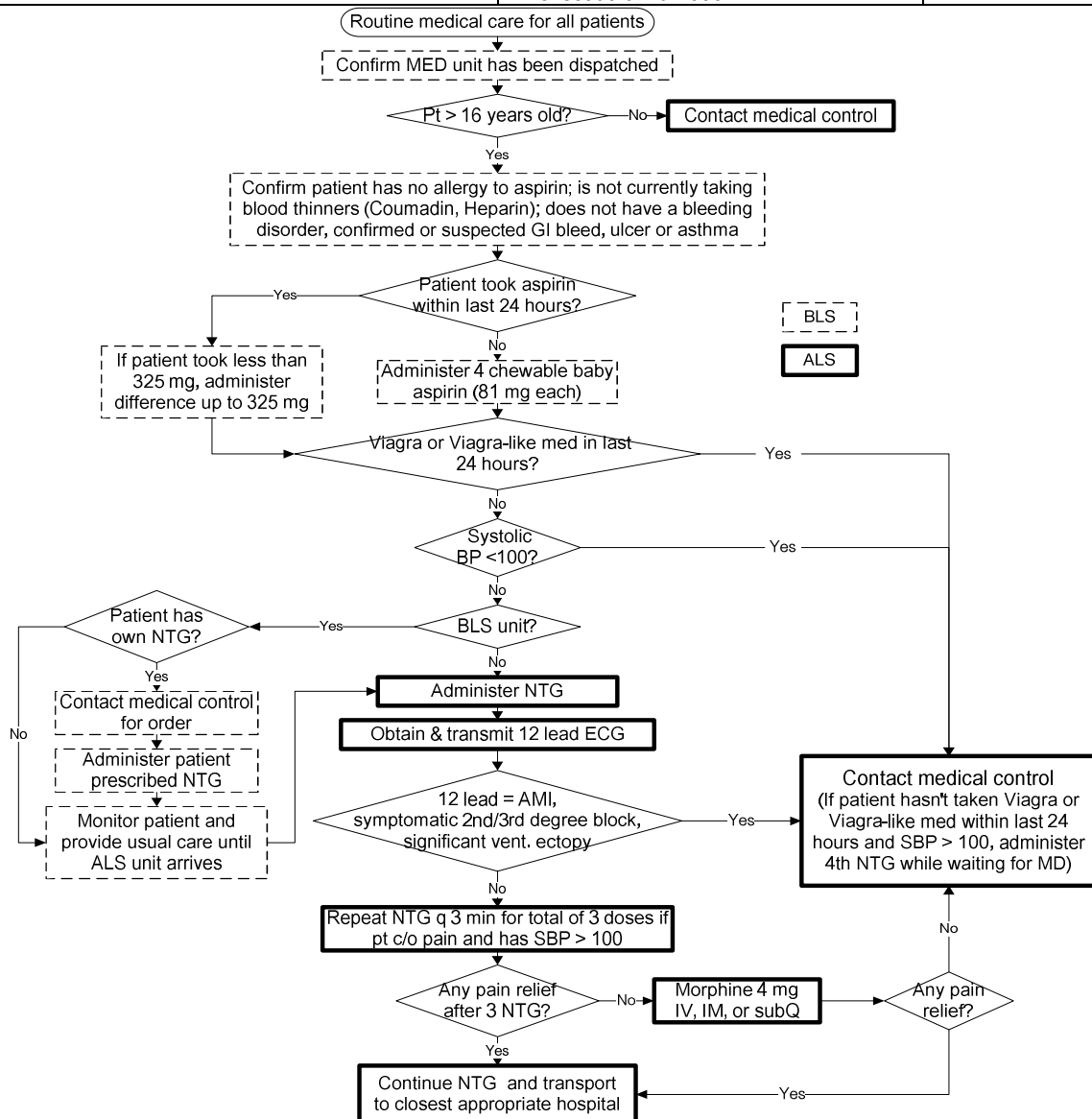


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|--------------------------|
| Initiated: 12/10/82      |
| Reviewed/revised: 2/6/06 |
| Revision: 19             |

**MILWAUKEE COUNTY EMS  
MEDICAL PROTOCOL  
ANGINA/MI**

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| Approved by: Ronald Pirrallo, MD, MHSA |
| Signature:                             |
| Page 1 of 1                            |

| History:  | Signs/Symptoms:  | Working Assessment: |
|---|--|---------------------|
| History of cardiac problems: bypass, cath, stent, CHF<br>Hypertension<br>Diabetes<br>Positive family history<br>Smoker<br>Cocaine use within last 24 hours<br>Available nitroglycerine prescribed for patient | Chest, jaw, left arm, epigastric pain<br>Nausea<br>Diaphoresis<br>Shortness of breath<br>Acute fatigue/ Generalized weakness<br>Syncope<br>Palpitations<br>Abnormal rhythm strip: ectopy, BBB, new onset atrial fibrillation | Angina/MI           |



**Notes:**

- BLS units must confirm that a MED unit is en route before administering medications. The MED unit must transport patients who receive or taken their own aspirin or NTG within the last 2 hours.
- A 12-lead ECG should be done on all patients with a working assessment of Angina/MI, even if pain free.
- A 12-lead ECG should be done as soon as possible after treatment is started.
- If the patient's symptoms have been relieved but return, repeat 12-lead EKG and continue NTG every 3 minutes until the patient is pain free.
- An IV line should be established before, or as soon as possible, after administering NTG.
- If a patient experiences sudden hypotension (SBP < 90 mm Hg) after administration of NTG, begin administration of a 500 ml Normal Saline fluid bolus and contact medical control.